



**STATE OF WASHINGTON
SECRETARY OF STATE**

Ralph Munro, Secretary of State

**FOREIGN LIMITED LIABILITY
COMPANY REGISTRATION**

(Per Chapter 25.15 RCW)

FEE: \$175

- Please PRINT or TYPE in black ink
- Sign, date and return original AND ONE COPY to:

CORPORATIONS DIVISION
505 E. UNION • PO BOX 40234
OLYMPIA, WA 98504-0234

- BE SURE TO INCLUDE FILING FEE. Checks should be made payable to "Secretary of State"

**EXPEDITED (24-HOUR) SERVICE AVAILABLE – \$20 PER ENTITY
INCLUDE FEE AND WRITE "EXPEDITE" IN BOLD LETTERS
ON OUTSIDE OF ENVELOPE**

FOR OFFICE USE ONLY

FILED: _____ / _____ / _____	UBI: _____
CORPORATION NUMBER: _____	

IMPORTANT! Person to contact about this filing

Daytime Phone Number (with area code)

NAME AND PRINCIPAL OFFICE ADDRESS OF THE LIMITED LIABILITY COMPANY *(As recorded in the state/country of formation)*

LLC Name* _____ Address _____

City _____ State or Country _____ ZIP or Postal Code _____

NAME AND ADDRESS THE LLC PROPOSES TO REGISTER IN WASHINGTON STATE* *(If different from above)*

LLC Name* _____ Address _____

City _____ State or Country _____ ZIP or Postal Code _____

***Name must contain the words "Limited Liability Company" "Limited Liability Co." "L.L.C." or "LLC"**

LLC WAS ORIGINALLY FORMED IN

State/Country _____ ON Date _____

DATE LLC BEGAN
DOING BUSINESS IN
WASHINGTON STATE _____

LLC WILL BE MANAGED BY

☐ Member ☐ Manager

EFFECTIVE DATE OF REGISTRATION *(Specified effective date may be up to 90 days AFTER receipt of the document by the Secretary of State)*

☐ Specific Date: _____ ☐ Upon filing by the Secretary of State

STATEMENT OF
AUTHENTICATION

☐ Attached is a duly authenticated statement from the Secretary of State (or other official having custody of such records) of the state or country of formation, declaring that, as of the date of filing in Washington state, the Limited Liability Company validly exists under the laws of the jurisdiction in which it was formed.

NATURE OF BUSINESS TO BE CONDUCTED IN WASHINGTON STATE *(If necessary, attach additional information)*

NAME AND ADDRESS OF WASHINGTON STATE REGISTERED AGENT

Name _____

Street Address *(Required)* _____ City _____ State _____ ZIP _____

PO Box *(Optional – Must be in same city as street address)* _____ ZIP *(If different than street ZIP)* _____

I consent to serve as Registered Agent in the State of Washington for the above named LLC. I understand it will be my responsibility to accept Service of Process on behalf of the LLC; to forward mail to the LLC; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

Signature of Agent

Printed Name

Date

NAMES AND ADDRESSES OF EACH PERSON EXECUTING THIS CERTIFICATE *(If necessary, attach additional names and addresses)*

Printed Name _____ Signature _____

Address _____ City _____ State/Country _____ ZIP/Postal Code _____

Printed Name _____ Signature _____

Address _____ City _____ State/Country _____ ZIP/Postal Code _____